

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ MAR 12 2018 ★

LONG ISLAND OFFICE

CREGORY COLE
#18001364
Full name of plaintiff/prisoner ID#

Plaintiff,

CV-18 1565

JURY TRIAL DEMAND
YES ☒ NO ☐

BLANCO, J.

TOMLINSON, M.J.

RECEIVED

MAR 12 2018

EDNY PRO SE OFFICE

against-
P.O. - CHURCHILL
P.O. - CURABRA - shield # 4023

Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

Defendants.

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No ☒
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs:

Defendants:

2. Court (if federal court, name the district;
if state court, name the county)

3. Docket Number:

4. Name of the Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: Nassau County Correctional Center

A. Is there a prisoner grievance procedure in this institution? Yes () No ☒

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No ☒

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not cause it's not a prisoner complaint.

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? ☒ () No ☒

F. If your answer is ☒ YES

1. What steps did you take? I contacted District Attorney's hotline at (516) 571-0192 on March 1, 2018

2. What was the result? Someone from the Internal Affairs Unit came to visit me on March 2, 2018 and recorded what I had to say and took pictures of my back, left hand fingers and my forehead. They said someone will follow up on this matter.

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff GREGORY COLE

Address % 313 Hawthorne Avenue Uniondale N.Y. 11553

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

Officer Churchill
Merrick Rd. Baldwin

Defendant No. 2

Officer Curabra shield # 4023
Merrick Rd. Baldwin

Defendant No. 3

Defendant No. 4

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

On Feb. 28, 2018 at around 11:30^{AM} - 12^{PM} on front ^{street} Officer Churchill violated me using excessive force while I ~~was~~ was pinned to the floor with his knee on my back pulling out my hair in his arrest.

On Feb. 28, 2018 at around 11:30^{AM} - 12^{PM} on front street Officer Curabra # 4023 violated me using excessive force stepping on my left hand fingers, a kick to the face, punching me in face which chip a back tooth on the left side, plus bloodshed from forehead.

IV. A

If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I was taken to Nassau Medical Center for treatment ~~to~~ to my forehead and left hand finger. I was also given X-Ray, a CAT Scan and pain killers. Still need treatment for injuries.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

I'm seeking Four Million dollars
(\$4,000,000.00) for pain and suffering of
damages cause to the body and my
name.

I declare under penalty of perjury that on March 9, 2018, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 9 day of March, 2018. I declare under penalty of
perjury that the foregoing is true and correct.

Gregory Cole

Signature of Plaintiff

Nassau County Sheriff's Department

Name of Prison Facility

100 Carman Avenue
East Meadow New York

11554

Address

18001364

Prisoner ID#